

June 10, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0967-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Certified in Chiropractic Medicine.

Brief Clinical History:

This male claimant was injured on his job on ____, resulting in low back pain. MRI of the lumbar spine done on 08/26/02, revealed mild disc desiccation with central annular bulges at L5-S1, and was otherwise unremarkable.

A physical exam on 04/16/03, revealed no point tenderness, no rigidity, no spasticity, no muscular spasm, and no tenderness on deep palpation of the back. His extremities were grossly within normal limits. He experienced no limitation to straight-leg raise or bending of the knee on the left. He stated he could not raise his right leg at that time; however, he raised it to about 15 degrees.

An examination on 02/19/03 noted inconsistency between the examined range of motion in the back versus the patient's ability to sit, stand, move about, and get on and off the examination table. The significant pain and discomfort the patient expressed was inconsistent with any anatomic distribution. He showed bread-away weakness with muscular examination. He was unable to push one finger of the examiner with extension of his knee, but was able to rise from a sitting position and climb up and down on the table. Clinically, sensation was reported intact to light touch and pin prick, although the patient reported the feeling both of his legs was completely different than the rest of his body. No specific dermatomal distribution or anatomic sense was made from his statement.

Disputed Services:

Caudal epidural steroid injection with epidurography.

Decision:

The reviewer agrees with the determination of the insurance carrier.
The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale for Decision:

This patient has a significant element of his complaints based in supratentorial etiology. As such, the reviewer feels that pursuing interventional treatment would be inappropriate.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 10, 2003.

Sincerely,